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				Complet if Known		
Substitute for form 1449/PTO		Application Number	To be assigned			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Filing Date	Filed concurrently herewith	
				First Named Inventor	lan L. Critchley	
				Art Unit	Unknown	
			sary)	. Examiner Name	Unknown	
Sheet	1	of	1	Attorney Docket Number	H0004907	

aminer tials*	Cite No.1	Occument Number Number - Kind Code ² (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, When Relevant Passages or Relevan Figures Appear
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